MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05630

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (In this place) 1 mos. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York
STREET ADDRESS (If rural, give location) 1749 Grand Concourse

3. NAME OF DECEASED (Type or Print) (First) RUTH (Middle) P. (Last) BARENBERG
4. DATE OF DEATH (Month) June (Day) 23 (Year) 1949
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 8-27-19
9. AGE last birthday 29 yrs. If under 1 year Months 9 Days 26 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Dr. L.H. Barenberg
14. MOTHER'S MAIDEN NAME Anna Silverman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-II
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Severe toxemia	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Pneumonia, bronchial, bilateral	48 hrs.
	(c)	Burns, 4th degree with ulceration and destruction of tissue, right foot, right hand and right lower leg	

917.1
181

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --
19b. MAJOR FINDINGS OF OPERATION --
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. --
PLACE (Home, farm, factory, street, office bldg., etc.) Chestnut Lodge Sanatarium
(CITY OR TOWN) Rockville (COUNTY) Montg. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 16-49 08 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? not known Chestnut Lodge Sanatarium Rockville Md

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R.E. Dodson MD (Degree or title) ADDRESS Rising Sun DATE SIGNED
R.E. DODSON, M.D., Medical Examiner for Cecil Co., Rising Sun, Md. 6-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 6-23-49
NAME OF CEMETERY OR CREMATORY Mount Pleasant
LOCATION (City, town, or county) (State) Pleasantville, N.Y.

DATE REC'D BY LOCAL REG. June 23, 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Pennington & Son ADDRESS
PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05631

CERTIFICATE OF DEATH

Reg. Dist. No. 9C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles Francis (Middle) (Last) Barnes

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 15, 1883

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Noah C. Barnes

14. MOTHER'S MAIDEN NAME: Nillie Horner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 217-05-4142

17. INFORMANT: Mrs. Ellen I. Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331

Immediate cause (a) Broncho pneumonia bilateral — Interval between onset and death: 2 days

Antecedent cause(s)

83a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiac Failure Left ventricular — 2 weeks

(c) Cerebro vas cular accident. — 2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension essential severe — 4 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1949, to June 2, 1949, that I last saw the deceased alive on June 2, 1949, and that death occurred at 1.05 P. m. from the causes and on the date stated above.

SIGNATURE Thos L. Wadsworth (Degree or title) M.D. ADDRESS Union & Franklin Sts DATE SIGNED 6/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: June 5, 1949

NAME OF CEMETERY OR CREMATORY: Westminster Cem.

LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG.: June 4, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: R. Madison Mitchell ADDRESS: Havre de Grace Md.

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05632

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 10 Months; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia; COUNTY: Prince William; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbridge; STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jackson		Bogle	June	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Married	June 10, 1876	73 yrs.	0	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes S.A.W.	Unknown	Hospital Records VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Pneumonia, bronchial, bilateral, due to hypertensive cardio vascular renal disease.	
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis, myocardial fibrosis	72 Hours
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-8, 1948, to 6-25, 1949, that I last saw the deceased alive on 6-25, 1949, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D. Actg CHIEF, PROFESSIONAL SERVICES (Degree or title) ADDRESS: VAH, PERRY POINT, MD DATE SIGNED: 6-26-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
REMOVAL	6-26-49	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-26-49	Irma E. Daugherty	Hall Funeral Home R. W. Hall.	Occoquan, Va.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05633

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 3. | LENGTH OF STAY (In this place) 50 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) BROWN
4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1949

5. SEX M | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH 4-25-1858 | 9. AGE Last birthday 91 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason | 10b. KIND OF BUSINESS OR INDUSTRY Mason. | 11. BIRTHPLACE (State or foreign country) Cecil Co Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Brown. | 14. MOTHER'S MAIDEN NAME Sedrania Willis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mary H. Brown.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Chronic Myocarditis

932 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R E Dodson (Degree or title) MD ADDRESS Rising Sun Md. DATE SIGNED 6-25-49.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 6-28-49 | NAME OF CEMETERY OR CREMATORY CHERRY HILL METHODIST | LOCATION (City, town, or county) ELKTON RD 5 (State) Md

DATE REC'D BY LOCAL REG. 6/27/49 | REGISTRAR'S SIGNATURE H K Frazer | 24. FUNERAL DIRECTOR Joseph R Frame ADDRESS North East Md

VS. A15A

RECEIVED
JUN 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05634

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville Rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Roanoke
STREET ADDRESS (If rural, give location): 518 Fifth St., S. E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	L.	BRUMFIELD	June	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	12-19-22	26 yrs.	5	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed		Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
F. C. BRUMFIELD	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
yes WWII	227141834	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Amputation of head, left arm, and right arm with loss of brain tissue	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	PRR Tracks	Perryville Rural/ Perryville	Cecil	Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 5, 1949 11:17 EDST		Hit by PRR train 194 on PRR tracks

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. C. Dodson M.D.	R. C. DODSON, M.D., Medical Examiner for Cecil Co.	Rising Sun Md.	6-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-6-49	Evergreen Cemetery	Roanoke, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 6, 1949	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUN 8 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05635

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural; LENGTH OF STAY (in this place) 7 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville. Rural.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HENRY	CORNELIUS	BURKINS	6	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	married	Nov. 16, 1874	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer.	Farming Laborer in Country Store	Harford Co. Md.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Parker Burkins	Mary Martha Morrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		220-22-6580	Mrs. Henry Burkins.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Thrombosis

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-15, 1949, to 6-22 1949 that I last saw the deceased alive on 6/20, 1949, and that death occurred at 11. A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. le Dodson MD		Rising Sun Md	6/23-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 26, 1949	Brookview	Rising Sun Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27-49	C. M. Worthington	J. E. Tyson	Rising Sun Md

RECEIVED
JUN 27 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05636

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rowlandsville
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rowlandsville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) SOPHIA (Middle) ELIZABETH (Last) CALDWELL
4. DATE OF DEATH (Month) June (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Nov 1. 1867
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James D. Culley
14. MOTHER'S MAIDEN NAME Lucy Ritchie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Albert Caldwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1948, to June 7, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE P. R. Snodgrass (Degree or title) M.D. ADDRESS Darlington 6/9/49 DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 10. 1949
NAME OF CEMETERY OR CREMATORY Harmony Chapel
LOCATION (City, town, or county) Rowlandsville Cecil Co. (State) Md.

DATE REC'D BY LOCAL REG. June 9-49
REGISTRAR'S SIGNATURE L. M. Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

15637

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 1 mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 123 W. Lafayette Avenue

3. NAME OF DECEASED (Type or Print): (First) PERCY (Middle) T. (Last) CLARK

4. DATE OF DEATH: (Month) June (Day) 20, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-19-1892

9. AGE last birthday: 57 yrs. If under 1 year: Months 1 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Owings Mills, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, lobar, left lower lobe — Interval between onset and death: 72 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — due to (b) Psychosis, Manic Depressive, Depressive type

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary sclerosis — Unknown

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from May 6, 1949, to June 20 1949, that I last saw the deceased alive on June 20 1949, and that death occurred at 10:45 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title): A.E. TROLLINGER, M.D. — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: 6-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 6/21/49 — NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cemetery — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: June 21, 1949 — REGISTRAR'S SIGNATURE: Irma E. Daugherty

24. FUNERAL DIRECTOR — ADDRESS: Mrs. George H. Holland

MRS. GEORGE H. HOLLAND
1631 Druid Hill Avenue, Baltimore, Md.

RECEIVED
JUN 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05638

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Helen (Last) Daugherty

4. DATE OF DEATH: (Month) June (Day) 12, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-25- 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Dennis Mc Carty

14. MOTHER'S MAIDEN NAME: Ruth Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Edna Magraw

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Uremia — 12 hrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio Sclerosis — 12 yrs

(c) Bronchitis — 2 weeks

450.0
106 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 1945, to 6/12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 11.05 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. F. Magraw M.D. Perryville Md June 13 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-15-1949 | NAME OF CEMETERY OR CREMATORY Hopewell | LOCATION (City, town, or county) (State) Port Deposit, Md. rural

DATE REC'D BY LOCAL REG. June 15, 1949 | REGISTRAR'S SIGNATURE Irma E. Daugherty | 24. FUNERAL DIRECTOR ADDRESS Lee A. Patterson & Son. Perryville, Md.

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05639

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH COUNTY: Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 21 da.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Providence
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) D (Last) EWING			4. DATE OF DEATH (Month) 6 (Day) 24 (Year) 1949	
5. SEX: M.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 10-9-68	9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auctioneer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: J. Wesley Ewing		14. MOTHER'S MAIDEN NAME: Jane Downey.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT: Emma S. Ewing		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic Myocarditis

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1949, to 6-24, 1949, that I last saw the deceased alive on 6-24, 1949, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. L. Dodson	MD	Rising Sun Md	6-25-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 6-27-49	NAME OF CEMETERY OR CREMATORY: ~~CHER~~ FRIENDS	LOCATION (City, town, or county): CALVERT	(State) Md
DATE REC'D BY LOCAL REG. 6/27/49	REGISTRAR'S SIGNATURE: F. K. Frazer	24. FUNERAL DIRECTOR: Joseph R. Grant	ADDRESS: North East Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05640

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural — LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location) RFD 3

3. NAME OF DECEASED (Type or Print): (First) Leah (Middle) FREDA (Last) FERGUSON
4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1949
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 9-21-1918
9. AGE Last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Sunk Grove W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Perkins
14. MOTHER'S MAIDEN NAME Lidia Gertie Compton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Elmer Ferguson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

4201 940

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R L Dodson MD Rising Sun Md. 6-6-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Remove Burial June 9/49 DESTINS BURIAL GROUNDS The Knobs Monroe Co W Va

DATE REC'D BY LOCAL REG. June 7 | REGISTRAR'S SIGNATURE H R Frazer | 24. FUNERAL DIRECTOR H W Tippett | ADDRESS Elkton, Md

M

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
JUN 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05641

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 201 S Adams

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Eugene (Last) Frederick
4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 1949

5. SEX Mi
6. COLOR OR RACE Flute
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2-5-1937
9. AGE last birthday 12 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Schoolboy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilmington Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Theodore T Frederick
14. MOTHER'S MAIDEN NAME Dr. Waclas Dobek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1/4
16. SOCIAL SECURITY No.
17. INFORMANT Theodore T Frederick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Old River (CITY OR TOWN) Earlville Rural (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 6 (Day) 19 (Year) 49 (Hour) 8 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell off boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 6/20-49

23. BURIAL, CREMATION REMOVAL (Specify) Wilmington Del
DATE THEREOF June 20
NAME OF CEMETERY OR CREMATORY Cathedral Cemetery
LOCATION (City, town, or county) Wilmington Del (State)

DATE REC'D BY LOCAL REG. 6/21/49
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR H W Pippin & Son Elkton Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 23 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05642

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 1 yr. 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1123 Laurens Street

3. NAME OF DECEASED (Type or Print): (First) MOSES (Middle) - (Last) FREEMAN

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-22-1898

9. AGE last birthday: 50 yrs. — If under 1 year: Months 9, Days 9 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rev. G.E. Freeman - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary arteriosclerosis	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
940a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arthritis, deformans, generalized; Arteriosclerosis, generalized

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: -- (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work [ ] Not While At work [ ]

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from May 13, 1948, to June 1, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 12:30 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 6-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-2-49	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 2, 1949	Irene E. Daugherty	MRS. KATIE R. WILLIAMS	322 N. Schroeder St., Baltimore, Md.

RECEIVED
JUN 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05643

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. Rural. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Graybeal Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) LUTHER (Middle) AUSTIN (Last) HINDMAN

4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 15. 1867 | 9. AGE last birthday 81 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Liberty Grove. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harvey Hindman | 14. MOTHER'S MAIDEN NAME Mary Everist

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Leslie Rawlings

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	12 hrs
422.2 Antecedent cause(s)	(b) Chronic Myocarditis	3 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 6-8, 1949, that I last saw the deceased alive on 6-7, 1949, and that death occurred at 11.50 A.m., from the causes and on the date stated above. 6-8-49

SIGNATURE (Degree or title) [signature] ADDRESS Port Deposit DATE SIGNED [signature]

23. BURIAL CREMATION REMOVAL (Specify) | DATE June 11 1949 | NAME OF CEMETERY OR CREMATORY West Nottingham | LOCATION (City, town, or county) Colora. (State) Md

DATE REC'D BY LOCAL REG. June 9-49 | REGISTRAR'S SIGNATURE L.M. Worthington | 24. FUNERAL DIRECTOR J.E. Tyson. Rising Sun, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 13 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

105644

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN R. D. 2 Elkton; MARYLAND; LENGTH OF STAY (In this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location) near Elkton

3. NAME OF DECEASED (Type or Print): (First) Dessie (Middle) Anna (Last) Jones

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/5/1899

9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home Wife

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm W. Johnston

14. MOTHER'S MAIDEN NAME: Lolinda Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Ida Maremore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of uterus

174 48 h

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, ferm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 30, to June 22, 19 49, that I last saw the deceased alive on June 22, 19 49, and that death occurred at 8 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert Bates — M. D. — Elkton Md — 6/23/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | June 24, 1949 | Pilgrim Manor Memorial Park | near Elkton Md.

DATE REC'D BY LOCAL REG. 6/24/49 | REGISTRAR'S SIGNATURE E H Frazer

24. FUNERAL DIRECTOR | ADDRESS

H. W. Pippin & Son Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1949
BUREAU T. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05645

Reg. Dist. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) (Last) Kidd
4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1949

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: 3/18/76 | 9. AGE last birthday: 73 yrs. | If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Cecil Co., Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Summerfield Kidd | 14. MOTHER'S MAIDEN NAME: Lizzie Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right Cerebral Hemorrhage	3 days
	(c) Hypertensive Cardiovascular-Renal Disease	5 years

442
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — | (COUNTY) — | (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 4 June, 1949, that I last saw the deceased alive on 4 June, 1949, and that death occurred at 2:35 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Klaus H Kuehner M.D. | ADDRESS North East, Md. | DATE SIGNED 4 June 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 8 1949 | NAME OF CEMETERY OR CREMATORY Hopewell | LOCATION (City, town, or county) near Port Deposit | (State) Md.

DATE REC'D BY LOCAL REG. June 7-49 | REGISTRAR'S SIGNATURE L M Worthington | 21. FUNERAL DIRECTOR J. E. Tyson | ADDRESS Rising Sun, Md.

F. R. Tyson

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05646

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake City, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City, Md.
STREET ADDRESS (If rural, give location) 12.45 AM. E.D.T.

3. NAME OF DECEASED (Type or Print) (First) Edna (Middle) E (Last) KIRK
4. DATE OF DEATH (Month) 6 (Day) 13 (Year) 1949

5. SEX F.
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 13/49
9. AGE last birthday 59 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY At Home.
11. BIRTHPLACE (State or foreign country) Chesapeake City, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Benson.
14. MOTHER'S MAIDEN NAME Susan Beuchamman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mr Reed H. Kirk, Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac failure	2½ hours
Antecedent cause(s)	(b) Pulmonary edema	2 hours
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1936, to June 13, 1949, that I last saw the deceased alive on 6/13, 1949, and that death occurred at 1245 E.D.T. m., from the causes and on the date stated above.

SIGNATURE Henry V Davis (Degree or title) MD ADDRESS Chesapeake City Md. DATE SIGNED 6/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 16/49 NAME OF CEMETERY OR CREMATORY Bethel LOCATION (City, town, or county) Near Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. June 15-1949 REGISTRAR'S SIGNATURE Mrs Ralph H. Rees
24. FUNERAL DIRECTOR H. W. Rippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05647

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 1 Month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George; (Middle) N; (Last) Lord

4. DATE OF DEATH: (Month) June; (Day) 25; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-20-20

9. AGE last birthday: 28 yrs. If under 1 year: Months 11, Days 5, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tab Equipment Operator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: John Tuldy Lord

14. MOTHER'S MAIDEN NAME: Bertha May Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): Yes (If yes, give war or dates of service): WW_II

16. SOCIAL SECURITY NO.: 215 15 3497

17. INFORMANT: Hospital Records Veterans Administration Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation by hanging — Interval between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: --- 19b. MAJOR FINDINGS OF OPERATION: -- 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office Bldg., etc.): River Bank (CITY OR TOWN): Perry Point (COUNTY): Cecil (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6-25-49 12:20 P.M. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Hanging

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R.C. Dodson M.D., Medical Examiner for Cecil Co., Md. Rising Sun Md 6-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal; DATE THEREOF: 6-27-49; NAME OF CEMETERY OR CREMATORY: Sunny Ridge Cemetery; LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: June 27, 1949 REGISTRAR'S SIGNATURE: Irma E. Daughaday

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUN 28 1949
BUREAU V. S.

05648

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural LENGTH OF STAY (in this place) Lifelife
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East. Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) C (Last) MAKER.
4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 1949

5. SEX M.
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH 5-28-1929
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W Maker.
14. MOTHER'S MAIDEN NAME Lottie Hyland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Lottie Hyland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.8 Immediate cause (a) Drowned.

183 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY North East River (CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 6 (Day) 5 (Year) 49 (Hour) 425 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Swimming in river.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 6-5-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 9 1949
NAME OF CEMETERY OR CREMATORY St Marks AUMP
LOCATION (City, town, or county) North East Rural (State) Md.

DATE REC'D BY LOCAL REG. June 8-49
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R. Grant ADDRESS North East Md

M

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15A

RECEIVED
JUN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05649

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) S (Last) MAKER.

4. DATE OF DEATH: (Month) 6 (Day) 5 (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) [illegible] | 8. DATE OF BIRTH: 10-31-1931 | 9. AGE last birthday: 17 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Farm. | 11. BIRTHPLACE (State or foreign country): Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John. W. Maker. | 14. MOTHER'S MAIDEN NAME: Lottie Hyland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: Lottie Hyland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Accident Creek | (CITY OR TOWN) North East | (COUNTY) Cecil | (STATE) Md.

TIME OF INJURY: (Month) 6 (Day) 5 (Year) 49 (Hour) 4:30 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Was swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
R. L. Dodson M.D. | Rising Sun Md | 6-5-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 9 1949 | NAME OF CEMETERY OR CREMATORY St Marks A.M.P. | LOCATION (City, town, or county) North East (Rural) | (State) Md.

DATE REC'D BY LOCAL REG. June 8-49 | REGISTRAR'S SIGNATURE Sarah E. Rothermel

24. FUNERAL DIRECTOR Joseph R. Grant | ADDRESS North East, Md

VS-A15A

RECEIVED
JUN 11 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05650

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
LENGTH OF STAY (in this place): 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perryville, Rural
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Gorman	Mc Cann	June	9,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / Min.
Male	White	Married	3-1-1892	57 yrs.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Mc Cann	Carrie Vandiver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		214-18-0298	Florence V, Mc Cann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion. — 10 days

420.1 Antecedent cause(s)

92e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr. Myocarditis — 2 yrs

(c) Chr. Endocarditis — 8 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 31, 1949, to June 9, 1949 that I last saw the deceased alive on June 9, 1949 and that death occurred at 5.20 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. Benson, M.D., Port Depost, Md 6/10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-12-1949	Hopewell	Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 12, 1949	Irene E. Daugherty	Lee A. Patterson & Son. Perryville, Md.

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

T^ 05651

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY (in this place): 13 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield; STREET ADDRESS (If rural give location): 209 N. 1st Street

3. NAME OF DECEASED (Type or Print): (First) RALPH (Middle) L. (Last) McCREADY

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-30-21

9. AGE last birthday: 27 yrs. If under 1 year: Months 9, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Taxi driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Beatrice (family name unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia, uremic poisoning — Interval between onset and death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

592
131.6

(b) Due to Chronic glomerulonephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: --

(CITY OR TOWN): --

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: --

22. I hereby certify that I attended the deceased from May 24, 1949, to June 6, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 11:40 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 6-6-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 6-6-49

NAME OF CEMETERY OR CREMATORY: Asbury Cemetery,

LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: June 6, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Howard Covington ADDRESS: 306 Main St.

COVINGTON FUNERAL HOME, CRISFIELD, MD.

RECEIVED
JUN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05652

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 16 yrs. 10 mos. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Apollo
STREET ADDRESS (If rural give location) R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) C. (Last) McCUTCHEON
4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-8-1892
9. AGE last birthday: 57 yrs. If under 1 year: Months 1 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander McCutcheon - deceased
14. MOTHER'S MAIDEN NAME: Anna Young - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

5410
108

Immediate cause (a) Pneumonia, lobar, right — 72 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Due to Duodenal ulcer with hemorrhage, massive
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Sub acute bacterial endocarditis — 1 week

19a. DATE OF OPERATION: --
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work [ ] Not While At work [ ]
HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Aug. 19, 1932, to June 22, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 11:10 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 6-23-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: 6-23-49
NAME OF CEMETERY OR CREMATORY: Unknown
LOCATION (City, town, or county) (State): Apollo, Pa.

DATE REC'D BY LOCAL REG.: June 23, 1949
REGISTRAR'S SIGNATURE: Irene E. Daugherty
24. FUNERAL DIRECTOR: Lee A. Patterson & Son — ADDRESS
LEE A. PATTERSON & SON, Perryville, Md.

RECEIVED
JUN 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05653

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point; LENGTH OF STAY (in this place) 1 Day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Worchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin; STREET ADDRESS (If rural, give location) Williams St.

3. NAME OF DECEASED (Type or Print): (First) William; (Middle); (Last) Neville

4. DATE OF DEATH: (Month) june; (Day) 28; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-8-91

9. AGE last birthday: 57 yrs. If under 1 year: Months 8; Days 20; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Packing House Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records, Veterans Administration Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far Advanced Pulmonary Tuberculosis — Interval Between Onset and Death: 1 Yr.

002

13b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 6-28-, 1949, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. Trollinger A. E. TROLLINGER, M.D. CHIEF, PROFESSIONAL SERVICES 6-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 6-28-49

NAME OF CEMETERY OR CREMATORY: St. Pauls Episcopal

LOCATION (City, town, or county) (State): Berlin, Md.

DATE REC'D BY LOCAL REG.: June 28, 1949

REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: Emma A. Burbage

ADDRESS: Berlin, Md.

RECEIVED
JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05654

Reg. Dist. No. 94

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: North East (RURAL)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime North East

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: North East (RURAL)
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Debby Norman

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6.(b) Name of husband or wife: Arthur Norman

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): about 1876

8. AGE: Years	Months	Days	If less than one day
73			..... hrs. ..... min.

9. Birthplace: Elk Neck, Cecil Co. Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER 12. Name: Verris Robinson

13. Birthplace: Maryland

MOTHER 14. Maiden name: no information

15. Birthplace

18. Informant: Mrs Alma Bruins

Address: North East Md (Rural)

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 7 1949 (month) (day) (year)

Cemetery or crematory: St. Marks A.M.P.

Location: (Elk Neck) North East, Maryland

18. Funeral director: Joseph R. GRANT

Address: North East Maryland

19. June 7 1949 (Date rec'd by registrar) Sarah E. Rotherme Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1949, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 10 1949, to June 4 1949

and that I last saw h... alive on June 3 1949

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to: Hypertension	5 years
Due to: Chr. Interstitial Nephritis	5 yrs
Other conditions: Chr. Myocarditis 592	5 years

(Include pregnancy within 3 months of death)

131.2

Major findings of operations: —

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James L. Johnson M.D.
M. D. or other

Address: Elkton Md Date signed 6/6/49

RECEIVED
JUN 11 1949
BUREAU V. S.

05655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 19 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waynesboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) HJALMER	(Middle) -	(Last) ODERMAN	4. DATE OF DEATH	(Month) June (Day) 1 (Year) 1949
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan 25, 1896	9. AGE last birthday 53 yrs.	If under 1 year Months 4 Days 6 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Unknown - deceased		14. MOTHER'S MAIDEN NAME Unknown - deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-1	16. SOCIAL SECURITY No. 1 809 850	17. INFORMANT Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.1 Immediate cause (a) Coronary Thrombosis — Unknown

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION --	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) --	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --	(CITY OR TOWN) (COUNTY) (STATE) --
TIME OF INJURY (Month) (Day) (Year) (Hour) -- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from May 13, 1949, to June 1, 1949, that I last saw the deceased alive on June 1, 1949, and that death occurred at 6:45 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. E. Trollinger

A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 6-1-49

23. BURIAL, CREMATION REMOVAL (Specify) 6-3-49 Burial	DATE THEREOF 6-3-49	NAME OF CEMETERY OR CREMATORY Green Hill Cemetery	LOCATION (City, town, or county) (State) Waynesboro, Pa.
DATE REC'D BY LOCAL REG. June 1, 1949	REGISTRAR'S SIGNATURE Irene E. Daugherty	24. FUNERAL DIRECTOR Walter Y. Grove Waynesboro Pa Per EB	ADDRESS

WALTER Y. GROVE, Waynesboro, Pa.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05656

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (in this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Chester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennett Square; STREET ADDRESS (If rural, give location) 617 South Broad St

3. NAME OF DECEASED (Type or Print): (First) Sandra (Middle) Ann (Last) Owens

4. DATE OF DEATH: (Month) 6 (Day) 15 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-13-49

9. AGE last birthday: yrs. If under 1 year: Months; Days 2. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Thomas Owens

14. MOTHER'S MAIDEN NAME: Ruth Amy Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.

16. SOCIAL SECURITY NO.: none

17. INFORMANT: John Owens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inhalation Pneumonia & Aspiration

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Forceps Delivery of R.O.P.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

763.0

159

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1949, to 6-15, 1949, that I last saw the deceased alive on 6-14, 1949, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. L. DeDoctor MD ADDRESS Rising Sun Md DATE SIGNED 6-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 6/16/1949; NAME OF CEMETERY OR CREMATORY Brookview; LOCATION (City, town, or county) Rising Sun; (State) Md

DATE REC'D BY LOCAL REG. 6/15/49; REGISTRAR'S SIGNATURE H. H. Frazer

24. FUNERAL DIRECTOR Ralph M Reed; ADDRESS

RECEIVED
JUN 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05657

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (in this place) all life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARSHALL	White	PURNER	6	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	5-28-1898	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farming	North East R D Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CLINTON W PURNER	Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	222-03-1276	Mrs Martha Purner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning & Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

850.8
183

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Accident Creek	North East	Cecil	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED: While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	24	49	2 P.M.			Fell from boat into water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R L Dodson MD		Rising Sun Md	6/24-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-2-49	Methodist	North East	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/2/49	Sarah E. Rothwell	Joseph R Grant	North East Md

RECEIVED
JUL 6 1949
BUREAU V. S.

05658

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location): North Street

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) M (Last) Rambo
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 6/30/65
9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY: building
11. BIRTHPLACE (State or foreign country): Elkton Md.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Jacob Rambo
14. MOTHER'S MAIDEN NAME: Elizabeth Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Clarence L. Rambo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610 Immediate cause (a) Myocardial Failure

Antecedent cause(s)

137a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Benign prostatic hypertrophy

(c) with acute urinary retention

INTERVAL BETWEEN ONSET AND DEATH: Two hours

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 15, 1949
19b. MAJOR FINDINGS OF OPERATION: Hypertrophied Prostate
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 27 1949, to June 16, 1949, that I last saw the deceased alive on June 16, 1949, and that death occurred at 3:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milford H. Sprecher. ADDRESS: Elkton, Maryland DATE SIGNED: June 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 6/18/49 — NAME OF CEMETERY OR CREMATORY: Elkton Cemetery — LOCATION (City, town, or county): Elkton (State): Md.

DATE REC'D BY LOCAL REG.: 6/18/49 — REGISTRAR'S SIGNATURE: F R Frazer — 24. FUNERAL DIRECTOR: H W Pippin & Son — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05659

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; LENGTH OF STAY (in this place) 4 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) George (Middle) C (Last) Rawson

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-30-1880

9. AGE last birthday: 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tower Man & Tel. operator

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Phila Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas G. Rawson

14. MOTHER'S MAIDEN NAME: Alice M. Abee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-14-0750

17. INFORMANT: Mrs George C Rawson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	48 hours
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Occlusion	4 months
	(c) Arterio sclerotic Heart Disease	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 7 June, 1949, that I last saw the deceased alive on 7 June, 1949 and that death occurred at 8:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hans H Hudnut M.D. ADDRESS: North East Md DATE SIGNED: 9 June '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: June 10-49 NAME OF CEMETERY OR CREMATORY: Methodist LOCATION (City, town, or county) (State): North East Maryland

DATE REC'D BY LOCAL REG. 6/10/49 REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS: North East Md

RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05660

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point — LENGTH OF STAY (in this place) 5 yrs. 7 mos. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unknown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOSEPH	W.	REYNOLDS	June	12,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	Single	Jan. 8, 1874	75 yrs.	5	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Asbestos work	Cecil County, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph W. Reynolds, deceased	S. W. McClenahan, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	SAW	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial pneumonia, bilateral — 3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized, severe

(c) Tuberculosis, pulmonary

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- m.		--

22. I hereby certify that I attended the deceased from 10-15-, 1943, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 2:20 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 6-13-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-16-49	Hopewell Cemetery, Cecil Co., Maryland	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 16, 1949	Irene E. Daugherty	Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

VS. A15

RECEIVED
JUN 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05661

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R. D. #3 EIKTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D #3 EIKTON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ester	Elizabeth	Scott	June	18	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	single	6-21-1928	20 yrs.	11			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
a home		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Scott	Ester E. Laney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Frank Scott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
441 Immediate cause	(a) Congestive heart failure	21 days
934 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant hypertension	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 25, 1949, to June 18, 1949, that I last saw the deceased alive on June 18, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Ralph Andrews Jr.	M.D.	Elkton Maryland	June 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 21, 1949	Gilpin Manor M. Pk	Elkton R.D. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/21/49	F R Frazer	H. W. Pippin & Son	Elkton Md.

RECEIVED
JUN 22 1949
BUREAU V. S.

Evidence for change in #2 and surname is shown on:
FILM No. G 121 JUL 12 1949

05662

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkley Oak City
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New Jersey. COUNTY: Camden.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Camden
STREET ADDRESS (If rural, give location): 224 754 State St.

3. NAME OF DECEASED (Type or Print): (First) Clinton (Middle) S (Last) Shinn
4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1949
5. SEX: M.
6. COLOR OR RACE: Mute
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept 2-1894
9. AGE last birthday: 54 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dock Hand.
10b. KIND OF BUSINESS OR INDUSTRY: D.H. on Ferry.
11. BIRTHPLACE (State or foreign country): Parker Mown N.J.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Selah Shinn
14. MOTHER'S MAIDEN NAME: Theresa P. Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Mon. Nov. 1
16. SOCIAL SECURITY No.: 155-05-3764
17. INFORMANT: Mrs. Shinn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. C. Dodson (Degree or title) MD — ADDRESS: Rising Sun Md — DATE SIGNED: 6/26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: no information
NAME OF CEMETERY OR CREMATORY: no information
LOCATION (City, town, or county) (State): Camden New Jersey
DATE REC'D BY LOCAL REG.: June 26-1949
REGISTRAR'S SIGNATURE: Mrs. Ralph A. Reed
24. FUNERAL DIRECTOR: Charles J. Murray
ADDRESS: Camden

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05663

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge Village — MARYLAND — LENGTH OF STAY (In this place) 16 mo. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Mary Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge Village. — STREET ADDRESS (If rural, give location) Bldg. 908 apt 13.

3. NAME OF DECEASED (Type or Print): (First) Ralph. (Middle) Maxell (Last) Sims, Jr.

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1949

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single.

8. DATE OF BIRTH Jul 24 1948

9. AGE last birthday: 11 mo. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Havre de Grace Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ralph Maxwell Simms

14. MOTHER'S MAIDEN NAME Myrtle Kate Wolfe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ralph Maxell Simms Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxiation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home. (CITY OR TOWN) Bainbridge Village (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 20 (Year) 49 (Hour) 5:00 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Head caught between chair rungs

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. E. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 6/20-49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF June 24, 1949 — NAME OF CEMETERY OR CREMATORY Marion — LOCATION (City, town, or county) Smyth Co. (State) Va.

DATE REC'D BY LOCAL REG. June 21, 1949 — REGISTRAR'S SIGNATURE Irma E. Daugherty.

24. FUNERAL DIRECTOR Lee A. Patterson & Son — ADDRESS Perryville, Md.

VS. A13A

RECEIVED
JUN 23 1949
BUREAU V. S.

05664

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton (Rural) LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home (Pleasant Hill)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton (Rural)
STREET ADDRESS (If rural, give location) Pleasant Hill

3. NAME OF DECEASED (Type or Print) (First) Leslie (Middle) J (Last) Smith

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH May 5 1887

9. AGE last birthday 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY Paper Mill Worker

11. BIRTHPLACE (State or foreign country) Pleasant Hill Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William J. Smith

14. MOTHER'S MAIDEN NAME Laura Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-01-0822

17. INFORMANT William L Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

260 Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis ~~generalized~~ generalized

(c) Diabetes Mellitus — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to June 6, 1949 that I last saw the deceased alive on June 6, 1949 and that death occurred at 1 P.M. m., from the causes and on the date stated above.

SIGNATURE Irvin L. Wachsman (Degree or title) ADDRESS M.D. Union & Franklin Hurlock Md. DATE SIGNED 6/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 8 1949 NAME OF CEMETERY OR CREMATORY Union Methodist LOCATION (City, town, or county) Elkton (Rural) (State)

DATE REC'D BY LOCAL REG. 6/8/49 REGISTRAR'S SIGNATURE F R Frazer

24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JUN 10 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05665

1. PLACE OF DEATH

County Kent Registration Dist. No. 90

Village or City Warwick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Clyde Taylor If U. S. Veteran, specify WAR

(a) Residence: No. Warwick Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Edna Garton Taylor

6. DATE OF BIRTH (month, day, and year) April 24, 1900

7. AGE Years 49 Months Days If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Del. (State or country)

FATHER

13. NAME Thomas H. Taylor

14. BIRTHPLACE (city or town) Del. (State or country)

MOTHER

15. MAIDEN NAME Eliza Green

16. BIRTHPLACE (city or town) Del. (State or country)

17. INFORMANT Mrs Edna G. Taylor (Address) Warwick Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Odessa Del

Place Drawyers Cemetery Date 7/31, 1949

19. UNDERTAKER G. Clyde Daniels (Address) Middletown Del.

20. FILED July 3, 1949 Mrs Harold W. Cheyney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 29th (Day), 1949 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1949, to June 29, 1949

I last saw him alive on June 29, 1949; death is said to have occurred on the date stated above, at 6:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thromboses — Date of onset 6/27/49

Other Contributory Causes of importance:

420.1

94a

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. D. Niles M. D.

(Address) Middletown Del.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other **contributory causes** of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other **contributory causes** of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05666

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 11 yrs. 10mos. 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THOMAS	R.	THOMPSON	June	22,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Single	11-9-1892	56 yrs.	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Baltimore, Md.	WW-I

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Thompson - deceased	Greta Rolf - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
Yes WW-I	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
162 Immediate cause	(a) Carcinoma, bronchogenic, right	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47e	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- m.		--

22. I hereby certify that I attended the deceased from July 28, 1937, to June 22, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 9:55 PM., from the causes and on the date stated above.

SIGNATURE: A.E. Trollinger
(Degree or title): M.D.
ADDRESS: Chief, Professional Services, VAH, Perry Point, Md.
DATE SIGNED: 6-23-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-23-49	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
June 23, 1949	Irene E. Daugherty	Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUN 28 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05667

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT,
LENGTH OF STAY (In this place) 2yrs7mos26days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 613 HANOVER STREET

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROY	A.	WEAVER	JUNE	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	SINGLE	APRIL 12,1892	57 yrs.	2	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNKNOWN	UNKNOWN	SUNFIELD, MICHIGAN	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES	WW-I	UNKNOWN	HOSPITAL RECORDS VA HOSPITAL, PERRY POINT, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct. 22, 1946 to June 17, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 1:10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. E. Hollinger	CHIEF, PROFESSIONAL SERVICES	VA HOSPITAL, PERRY POINT, MD.	June 19,1949
A. E. HOLLINGER, M.D.			

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	June 20,1949	GLADWIN CEMETERY	GLADWIN, MICHIGAN

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 20,1949	Irene E. Dougherty	Pennington & Son,	HAVRE DE GRACE MARYLAND

RECEIVED
JUN 22 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

05668

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Maryland
LENGTH OF STAY (in this place): 11 mos. 10d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 1026 - 8th St., N.W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIE	L.	WHITE	June	25	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	Married	1-31-25	24 yrs.	4	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Porter		Virginia - Spotslvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW-II	231 20 7633	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia, bronchial	2-3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Tuberculous meningitis	
	(c) Tuberculosis of the cerebellum	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--		--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- m.		pp

22. I hereby certify that I attended the deceased from July 15, 1948, to June 25, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. TROLLINGER	M.D., Chief, Professional Services	VAH, Perry Point, Md.	6-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	6-29-49	Arlington National Cemetery,	Fort Myer, Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 29, 1949	Irene E. Dougherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 1 1949
BUREAU V. S.